Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
|-------------|------|-------|

| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CH |
|---|-----------------|
| obligations may continue. See | |

HANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Lee Michael Eugene | | | | | | 2. Issuer Name and Ticker or Trading Symbol FIVE STAR BANCORP [FSBC] | | | | | | | | | k all app Direc Office | licable) tor er (give title | ng Pe | rson(s) to Is 10% Ov Other (s | wner | | |
|---|---|-------|--------------|---|----------------|--|---|--|---------------------|-----|---|---------|---|---|---|---|--|--|---|--|--|
| | (Last) (First) (Middle) C/O FIVE STAR BANCORP 3100 ZINFANDEL DRIVE, SUITE 100 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/04/2021 | | | | | | | | | X below) below) SVP & Chief Regulatory Officer | | | | | |
| (Street) RANCH CORDO (City) | (' / | | 5670 Zip) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Table | I - Nor | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or B | enef | iciall | y Own | ed | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5) | | | | | 5. Amo Securit Benefic Owned Report | ies cially Following | Forn (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Transa | action(s) . 3 and 4) | | | (111501.4) | | |
| Common Stock 05/0 | | | | | /2021 | | | | P | | 1,000 | A | | \$20 | 29,159 | | | I | By self as trustee ⁽¹⁾ | | |
| | | Tal | | | | | | | | | osed of, o | | | | Owne | d | | | | | |
| 1. Title of Derivative Security (Instr. 3) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Dispo | r osed) r. 3, 4 | 6. Date I Expirati (Month/I | on Da | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amou or Numb of Share | er | | | | | | | |

Explanation of Responses:

1. Shares are held by The Michael E. Lee & Kaylin M. Fadel-Lee Family Revocable Trust, for which Mr. Lee serves as a trustee. Consists of 258 shares of unvested stock awards which are scheduled to vest on January 1, 2022, and 129 shares which are scheduled to vest on January 1, 2023, provided he remains employed by Five Star Bancorp on the respective vesting dates

> /s/ Michael E. Lee, by Heather 05/06/2021 C. Luck, Attorney-in-Fact

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.